

Rec'd 10/17/12
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IMPORTANT NOTICE: The City Council may consider appointments to boards and commissions in executive sessions which are closed to the public, and then make the appointments in a public meeting. You have the right, however, to have your application considered in a public meeting by providing a written request to the City Clerk.

CITY OF FLAGSTAFF
APPLICATION TO SERVE ON A BOARD/COMMISSION

RETURN TO: CITY CLERK'S OFFICE, 211 WEST ASPEN AVENUE, FLAGSTAFF, AZ 86001

PLEASE NOTE THAT THIS INFORMATION IS A PUBLIC RECORD.
APPLICATIONS WILL BE KEPT ON FILE FOR ONE YEAR!

DATE: October 16th, 2012

BOARD/COMMISSION YOU WISH TO SERVE ON: Disability Awareness Commission

IF APPLICABLE, TYPE OF SEAT FOR WHICH YOU ARE QUALIFIED: Member

YOUR NAME: Liz McGinlay **HOME PHONE:**

HOME ADDRESS: 5024 S Topaz Rd **ZIP:** 86001

MAILING ADDRESS (If Different from Above): Same As Above

EMPLOYER: Goodwill of Northern Arizona **JOB TITLE:** VP Mission Advancement

BUS. PHONE: 928-526-9188 **CELL:** 928-699-0340 **E-MAIL:** liz.mcginlay@goodwillna.org

PLEASE INDICATE PREFERRED TELEPHONE: HOME ☐ **WORK** ☒ **CELL** ☐

BACKGROUND INFORMATION: Please explain how your community activities and other relevant experience/interests are applicable to this board or commission.

I direct the Workforce Development and Mission Services department for Goodwill of Northern Arizona, and have done so for almost 2 years I am extremely passionate in working with individuals with disabilities, and know that the work we do, changes lives everyday. I am a member of the Workforce Investment Board for our Mohave LaPaz County neighbors, as Goodwill of Northern Arizona spans 5 counties. I am very proud and honored to tell that Goodwill and Safeway was the recipient of the Employer of the Year Award at the Disability Awareness Banquet last year. Again, we thank you for the award.

Why do you want to serve on the board or commission you listed? (Attach additional page if needed.)

I know that working with individuals with disabilities has changed my life for the better, and I would love the opportunity to sit on a board that works to serve this community. I would bring my passion, energy and knowledge to the board members.

I understand that any information provided above is a public record and I certify that I meet the City Charter requirement of living within the Flagstaff City limits and have read and understand the right to have my application considered in a public meeting.


Applicant Signature

The City of Flagstaff is an Equal Opportunity/Affirmative Action Employer.

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BOARD/COMMISSION YOU WISH TO SERVE ON: Disability Awareness Commission

IF APPLICABLE, TYPE OF SEAT FOR WHICH YOU ARE QUALIFIED:

YOUR NAME: Alida Pfeil **HOME PHONE:** (928)607-1511

HOME ADDRESS: 2500 N. Center St. #2 Flagstaff, AZ **ZIP:** 86004

MAILING ADDRESS (If Different from Above):

EMPLOYER: Quality Connections **JOB TITLE:** Residential Director

BUS. PHONE: (928)607-1511 **CELL:** (928)607-1511 **E-MAIL:** alidap@qualityconnections.org

PLEASE INDICATE PREFERRED TELEPHONE: HOME WORK ☒ CELL

BACKGROUND INFORMATION: Please explain how your community activities and other relevant experience/interests are applicable to this board or commission.

I currently direct the Residential Department at Quality Connections. We take care of people with developmental disabilities in group homes, in our DTA and in independent living arrangements. I began working here seven years ago as a Direct Care Staff. I became a Group Home Manager, then the Program Coordinator, then the Quality Assurance and Behavioral Health Coordinator before becoming the Residential Director. I have formed friendships with people with disabilities since I was a child and I highly value all of the life experiences they have shared with me. I am well versed in issues that people with disabilities face in our community and am very aware of changes that would improve their quality of life.

Why do you want to serve on the board or commission you listed? (Attach additional page if needed.)

The people that I help take care of are like family to me. I have met so many amazing, inspiring people with diagnoses of developmental disabilities, and other disabilities, who have enriched my life and helped me to achieve my goals. I have always done what I can to advocate for their rights and I want to do more. Although Flagstaff has been progressive in creating equality, I have witnessed areas where the community is lacking awareness and accommodations. From those experiences I have a lot of ideas, both mine and from the people I serve, for making our city a more inclusive and user friendly community. This does not only apply to changes that would benefit those with disabilities, but also for the general public to enrich their lives through the understanding, acceptance and celebration of such wonderful people.

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10/17/12
Applicant Signature

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CITY OF FLAGSTAFF
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DATE: 11-29-12

BOARD/COMMISSION YOU WISH TO SERVE ON: DISABILITY AWARENESS

IF APPLICABLE, TYPE OF SEAT FOR WHICH YOU ARE QUALIFIED: _____

YOUR NAME: ROBERT POIRIER HOME PHONE: 213-0720

HOME ADDRESS: 2030 S. TOMBAUGH WAY ZIP: 86001

MAILING ADDRESS (If Different from Above): _____

EMPLOYER: NAU JOB TITLE: PROFESSOR

BUS. PHONE: 523-6529 CELL: _____ E-MAIL: ROBERT.POIRIER@NAU.EDU

PLEASE INDICATE PREFERRED TELEPHONE: HOME WORK CELL

BACKGROUND INFORMATION: Please explain how your community activities and other relevant experience/interests are applicable to this board or commission.

I am a disabled person and have a passionate commitment to this issue.

Why do you want to serve on the board or commission you listed? (Attach additional page if needed.)

I believe Flagstaff (downtown) is not adequate for handicap parking.

I understand that any information provided above is a public record and I certify that I meet the City Charter requirement of living within the Flagstaff City limits and have read and understand the right to have my application considered in a public meeting.

Robert A. Poirier
Applicant Signature

11-29-12

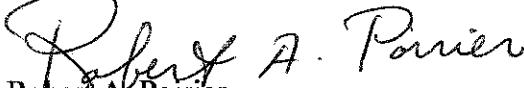
TO FLAGSTAFF CITY COUNCIL

I wish to make a formal application to serve on the Disability Awareness Commission for the City of Flagstaff. Attached to this letter is the official city application form.

I am an "old-timer" in Flagstaff having lived here now 35 years. I am a well educated (PhD) professional person and I believe that I can make a significant contribution to the work of this Commission. As a person with a disability I can bring a perspective to this activity and a passionate commitment to this issue.

I look forward to hearing your decision.

Sincerely,

A handwritten signature in cursive script that reads "Robert A. Poirier". The signature is written in dark ink and is positioned above the printed name.

Robert A. Poirier

22030 South Tombaugh Way

Flagstaff, AZ

86001

928-213-0720

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DATE: October 12, 2012

BOARD/COMMISSION YOU WISH TO SERVE ON: Disability Awareness Commission

IF APPLICABLE, TYPE OF SEAT FOR WHICH YOU ARE QUALIFIED: any seat available

YOUR NAME: Russell R. Randall **HOME PHONE:** (928) 607-8410

HOME ADDRESS: 1199 West Coy Drive Flagstaff, AZ **ZIP:** 86001

MAILING ADDRESS (If Different from Above): same

EMPLOYER: Flagstaff Unified School District **JOB TITLE:** Transition Facilitator

BUS. PHONE: (928)773-8200 **CELL:** (928)607-8410 **E-MAIL:** rrandall@fUSD1.org

PLEASE INDICATE PREFERRED TELEPHONE: HOME WORK ☒ CELL

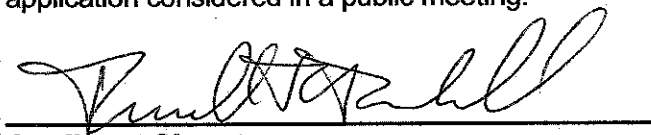
BACKGROUND INFORMATION: Please explain how your community activities and other relevant experience/interests are applicable to this board or commission.

I have worked with and for people with diagnosed disabilities for almost 35 years. For the last 32 years I have worked for the Flagstaff Unified School District as either a secondary special education teacher or (for the last five years) as a Transition Facilitator, coordinating the Transition from School to Work Program at Coconino HS. Thus, professionally I have been quite involved with not only advocating for folks with disabilities but also actually providing opportunities for education, training and employment for them. Currently I also serve as the chair of the Flagstaff Community Transition Team, a dedicated group of professionals working to increase opportunities for people with disabilities in our community.

Why do you want to serve on the board or commission you listed? (Attach additional page if needed.)

I have been a long-time Special Olympics coach, an Asst. Scoutmaster with the Boy Scouts, a member of the leadership team at my church and an elected leader of my professional association. I also grew up with an older brother diagnosed with disabilities and this has impacted my own sense of advocacy profoundly. Serving on the Disability Awareness Commission would enable me to continue advocating for folks with disabilities but through a different venue. Simply put, housing, transportation, education and employment for those with disabilities must be made more available and buildings and activities be more accessible. I believe I have the background, experiences and skills to help make a difference and as a former recipient of the commission's Educator Award, I would greatly appreciate this opportunity to serve. Thank you....

I understand that any information provided above is a public record and I certify that I meet the City Charter requirement of living within the Flagstaff City limits and have read and understand the right to have my application considered in a public meeting.


Applicant Signature